

JUN 10

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

FURLOUGH QUESTIONNAIRE - SENTENCING DISTRICT

TO: U.S. Probation Officer (address)	From: Federal Bureau of Prisons (address)
Inmate Name:	Register No.:
Docket No.: (PDID No., if applicable)*	Date of Birth:

Date: _____

The above named inmate has been sentenced from your district and is presently confined at _____

This individual is requesting a furlough to the following district: _____

We have forwarded a questionnaire to the United States Probation Officer in that district.

In compliance with Bureau of Prison's Program Statement on furloughs, we are also forwarding this questionnaire to you for the needed response. Please return this form to this institution within two weeks from receipt.

Inmate's Residence while on Furlough:	Telephone Number while on Furlough:
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Purpose of Furlough:

(Signature) Unit Staff

Please indicate your response to the following questions:

- Are there any objections from you, law enforcement agencies or the court to the inmate furloughing to the above district? _____ NO _____ YES
- If subsequent furloughs are granted, do you wish to be notified? NO _____ YES _____

ADDITIONAL COMMENTS:

(Signature) U.S. Probation Officer

(Date)

*Note: For D.C. Superior Court cases, add PDID No., if known.

(This form may be replicated via WP)

Replaces BP-302(52) of MAY 94